

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155718</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/17/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY NORTHVIEW CARE CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1235 WEST CROSS STREET ANDERSON, IN 46011</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/17/11</p> <p>Facility Number: 000562 Provider Number: 155718 AIM Number: 100267150</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Community Northview Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 101 and had a census of 77 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 02/28/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050 SS=C	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were held at unexpected times under varying conditions at least quarterly on each shift for 4 of 4 quarters since January of 2010. This deficient practice affects all residents in the facility including staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of fire drill records with the Maintenance Supervisor on 02/17/11 at 2:15 p.m., fire drills starting from the fourth quarter of 2010 back to the first quarter of 2010 were conducted at the following similar times and failed to indicate varying conditions on each fire drill report:</p> <p>a) Second shift fire drill, fourth quarter 2010 was conducted at 2:35 p.m.</p> <p>f) Second shift fire drill, third quarter 2010 was conducted at 2:30 p.m.</p> <p>g) Second shift fire drill, second quarter 2010 was conducted at 3:00 p.m.</p> <p>h) Second shift fire drill, first quarter 2010 was conducted at 3:00 p.m.</p>	K 050					

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FORM CMS-2567(02-99) Previous Versions Obsolete      Event ID: 7UY921      Facility ID: 000562      If continuation sheet Page 3 of 6

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K 144	<p>Continued From page 3 withdrawal) c) Natural or synthetic gas Exception: For Level 1 installations in locations where the probability of interruption of off site fuel supplies is high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on-site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with the provision for automatic transfer from the primary energy source to the alternate energy source. CMS (Centers for Medicare/Medicaid Services) requires a letter of reliability from the natural gas vendor regarding the fuel supply that must contain the following:</p> <ol style="list-style-type: none"> <li>1. A statement of reasonable reliability of the natural gas delivery.</li> <li>2. A brief description that supports the statement regarding the reliability.</li> <li>3. A statement that there is a low probability of interruption of the natural gas.</li> <li>4. A brief description that supports the statement regarding the low probability of interruption,</li> <li>5. The signature of a technical person from the natural gas provider.</li> </ol> <p>This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on generator log record review on 02/17/11 at 3:12 p.m. with the Maintenance Supervisor, the facility did not have a letter from their natural gas supplier. Based on interview on 02/17/11 at 3:15 p.m. with the Maintenance Supervisor, it was acknowledged no other documentation could be provided to support the reliability of the natural gas vendor.</p>	K 144					

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K 144	Continued From page 4  3.1-19(b)  2. Based on observation and interview, the facility failed to ensure the alternate source of power from the generator was capable of automatically connecting to the load within 10 seconds in the event of failure of normal power. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3-5.3.1 requires the emergency system to be arranged so in the event of failure of the normal power source, the alternate source of power will automatically connect to load within 10 seconds. This deficient practice could affect all occupants in the facility including staff, visitors and residents in the event the generator could not operate under load conditions when needed during a power failure.  Findings include:  Based on observation on 02/17/11 at 1:00 p.m. with the Maintenance Supervisor, the generator failed to start within ten seconds. The first attempt to exercise the generator under load took twenty seconds to transfer power. The next and final attempt to exercise the generator under load took fifteen seconds. Based on interview on 02/17/11 at 1:03 p.m. with the Maintenance Supervisor, it was acknowledged both attempts to operate the generator under load exceeded the ten second requirement.	K 144					
K 147 SS=E	3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD	K 147					

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K 147	<p>Continued From page 5</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure 2 of 2 extension cords observed including power strips or multiplug adapters were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 14 residents on 100 hall and 17 residents on rosewood hall including staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 02/17/11 between 12:01 p.m. and 12:18 p.m. with the Maintenance Supervisor, the maintenance storage room on Rosewood hall used a six prong multiplug adapter to supply power to the timer for one of three boilers. Furthermore, room 119 used a three prong multiplug adapter to provide power to the resident's television. Based on interview on 02/17/11 concurrent with the observations with the Maintenance Supervisor, it was acknowledged multiplug adapters were used inappropriately as a substitute for not having a sufficient number of outlets.</p> <p>3.1-19(b)</p>	K 147					